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Joint United Nations Programme on HIV/AIDS (UNAIDS)

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), prepared pursuant to Council resolution 2005/47.

* E/2007/100.

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Report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Summary

The present report was prepared in response to Economic and Social Council resolution 2005/47, in which the Council requested the Secretary-General to transmit to the Council, at its substantive session of 2007, a report prepared by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in collaboration with other relevant organizations and bodies of the United Nations system.

In 2007, the AIDS epidemic remains as concrete and complex as ever before. Increases in incidence of new HIV infections and in the number of deaths owing to AIDS go hand in hand with a much expanded coverage rate of antiretroviral treatment. The response to the epidemic evolves continuously: since 2005 the concepts of harmonization and alignment — of funding, programming and reporting — have taken on much more defined shapes. At the country level, building on the "Three Ones" principles, partners in the response increasingly work together. This includes governments, multilateral and bilateral donors and agencies, the United Nations system, civil society and the private sector. Within the United Nations system, a technical division of labour and joint United Nations teams and programmes on AIDS reinforce the ideals of coherence, increased effectiveness and accountability. The move towards universal access to prevention, treatment, care and support has translated into concrete target-setting at the national level. Such a country-focused approach ensures that targets are relevant to the specific stage and type of the epidemic in that country, not just the financial and programmatic situation.

The coverage and quality of monitoring and evaluation, as well as HIV surveillance, have increased significantly, resulting in better and more specific information gathered at the country level and feeding into global reporting. The same applies to the tracking of financial resource flows. These processes contribute not just to improved reporting and better assessment of available resources: they aid financial and programmatic accountability, feed back into planning and policymaking as well as programme design, and provide justification for consistent and sustained resource mobilization.

Prevention has re-emerged as the mainstay of the response. With "Uniting for HIV Prevention", UNAIDS and a range of partners have intensified advocacy and policy guidance on prevention and are assisting countries in ensuring that national targets for universal access include specific and measurable targets for prevention.

Underlying all efforts must be the respect for, and promotion of, universal human rights. Without removing barriers such as stigma, discrimination, inequality of women and the marginalized position of people living with HIV and vulnerable groups such as sex workers, men having sex with men and injecting drug users, the goal of universal access will remain a distant ideal.

In conclusion, the report offers a series of recommendations. The Economic and Social Council is invited to review the report and its recommendations.

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I. Update on the epidemic

1. Since the 2005 report of the Executive Director of UNAIDS (E/2005/59), the number of people living with HIV has continued to grow. A total of 39.5 million people were living with HIV in 2006, an increase of 2.6 million since 2004. The number of newly infected adults and children continues to be 4 million per year. In many regions of the world, new HIV infections are heavily concentrated among young people (15-24 years), who accounted for 40 per cent of new HIV infections in 2006. These figures illustrate that the importance of effective and targeted prevention programmes cannot be overestimated.

2. The number of deaths owing to AIDS increased from an estimated 2.2 million in 2001 to 2.9 million in 2006. This is largely the result of an increase in the number of people with advanced HIV infection and in urgent need of treatment, whose numbers are rising faster than the scale-up of antiretroviral therapy.

A. Regional variations

3. Two thirds (63 per cent) of all adults and children with HIV live in sub-Saharan Africa, an estimated 24.7 million adults and children, 1.1 million more than in 2004. Almost three quarters (72 per cent) of all adult and child deaths owing to AIDS in 2006 occurred in that region.

4. During the past two years, the number of people living with HIV has increased in every region in the world. The most striking increases occurred in East Asia, in Eastern Europe and Central Asia, where the number of people living with HIV in 2006 was 21 per cent higher than in 2004. Over the same period the number of new HIV infections rose by 12 per cent in South-East Asia, the Middle East and North Africa, respectively. In Latin America, the Caribbean and North America, the level of new infections remained roughly the same as in 2004.

B. HIV and women

5. In every region of the world, more adult women (aged 15 years or older) are living with HIV than ever before; the figure of 17.7 million women in 2006 represents an increase of over 1 million since 2004. In sub-Saharan Africa the ratio of infected men to women is 10:14. In the Caribbean, Oceania, the Middle East and North Africa, close to half of all adults with HIV are female. Meanwhile, in many countries in Asia, Eastern Europe and Latin America, the numbers of women living with HIV continue to grow. These data underscore the urgent need to focus on one of the key drivers of the epidemic: gender inequality.

C. Challenges and achievements

6. The global epidemic differs across regions, between countries and among communities. As these epidemics continue to develop, both achievements and challenges can be reported. Access to treatment and care has been scaled up significantly in recent years. As at December 2006, more than 2 million people were receiving antiretroviral treatment in low- and middle-income countries, and it is

estimated that 2 million life years have been gained in these countries since 2002. However, prevention programmes have not always been sustained or adapted in line with changing epidemics, and many people still do not consider themselves at risk of HIV.

II. Reporting back on UNAIDS key results

7. The Declaration of Commitment on HIV/AIDS, adopted by the General Assembly at its twenty-sixth special session in 2001,[1] set the benchmark for the global response to AIDS by giving time-bound targets with measurable indicators of progress. In 2006, five years after the twenty-sixth special session of the General Assembly on AIDS, government representatives and global partners assembled again at the General Assembly to take stock, measure progress and renew commitments.

8. During that five-year period, the Joint United Nations Programme on HIV/AIDS reinforced its response in accordance with the targets of the Declaration of Commitment and in line with its own focus areas of:

- Leadership and advocacy;
- Strategic information and technical support;
- Monitoring and evaluation;
- Civil society engagement and partnerships;
- Mobilization of resources.

9. Since the last report in 2005 (E/2005/59), key processes have centred around harmonizing and aligning the response of the United Nations system, operationalizing the "Three Ones" principles and "Making the money work". With regard to the system's response, greater coherence is sought through the development of joint United Nations teams and programmes, and by adhering to an agreed division of labour between the co-sponsors and the UNAIDS secretariat.

10. The sections below will reflect on those and related processes and achievements in greater detail.

A. Leadership and advocacy

1. 2006 High-Level Meeting on AIDS

11. In 2006, the Heads of State and Government participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS, and in the High-Level Meeting of the General Assembly on AIDS, reaffirmed a strong commitment to respond to AIDS. The Political Declaration on HIV/AIDS was unanimously adopted by the General Assembly on 2 June 2006,[2] restating and deepening existing commitments expressed in the 2001 Declaration of Commitment on HIV/AIDS as well as the Millennium Development Goals. The 2006 Political Declaration reflects the

[1] See General Assembly resolution S-26/2, annex.

[2] See resolution 60/262, annex.

willingness of Member States to speak with one voice on the issue of AIDS. In their statements, the Secretary-General, the President of the General Assembly, the Executive Director of UNAIDS and 144 Member States emphasized the importance of moving towards universal access to treatment, HIV prevention, care and support as well as increasing funding to achieve that goal.

12. Two reports were produced to lay the groundwork for the 2006 High-Level Meeting, the first being the report of the Secretary-General entitled "Declaration of Commitment on HIV/AIDS: five years later".[3] This comprehensive report provided an update on progress made in the response to AIDS since the twenty-sixth special session of the General Assembly in 2001 and on meeting the targets set in the Declaration of Commitment.

13. The second report, transmitted by a note by the Secretary-General, "Scaling up HIV prevention, treatment, care and support",[4] was a result of extensive and inclusive country-led processes, facilitated by UNAIDS, to develop practical strategies for moving towards universal access. The processes included more than 100 country consultations in low- and middle-income countries to critically examine the steps needed to expand access to HIV services. The UNAIDS assessment underlined the need to strengthen human resources and health systems and to remove major barriers to affordable commodities. The need to address stigma, discrimination, gender and human rights and to create more accountability from all stakeholders was also emphasized as fundamental to scale up the response to AIDS.

14. In follow-up to the Political Declaration of 2006, and to further the drive towards universal access, the UNAIDS secretariat drafted the 2007-2010 Strategic Framework for UNAIDS support to countries' efforts to move towards universal access. This Framework was endorsed by the Programme Coordinating Board at its 19th meeting in December 2006 and serves as the principal guide to global, regional and country-level planning, budgeting, implementation and monitoring of progress of UNAIDS support.

15. The concept of universal access has become central to the global AIDS response, but the term itself may need some clarification. It implies that all people should be able to have access to appropriate and high-quality information and services. Concepts of equity, affordability, accessibility and an enabling environment are key to ensure progress towards universal access. Yet countries will have different epidemics as well as different capacities. Therefore, every country must define what universal access means and when it can be achieved. This requires countries to set their own ambitious yet realistic targets, as well as to identify and overcome any obstacles that might prevent the targets from being reached.

2. Women and girls: the Global Coalition on Women and AIDS

16. In his 2005 report to the Economic and Social Council, the Executive Director of UNAIDS referred to the launch of the Global Coalition on Women and AIDS in 2004 (see E/2005/59, para. 39). Since then, the Coalition has worked to ensure that the importance of gender inequalities, as a driver of the epidemic, has featured consistently on the agenda of top international AIDS forums. Examples include the 2006 High-Level Meeting on AIDS, where the Political Declaration made strong

[3] A/60/736.

[4] A/60/737.

commitments on addressing gender inequalities, and the XVI International AIDS Conference in Toronto in August 2006.

17. The Coalition operates as a loose alliance of United Nations system agencies, civil society organizations and networks of women living with HIV, with its secretariat located within the UNAIDS secretariat in Geneva. Advocating at the global, regional and country levels for gender-responsive AIDS programming, the Coalition's goal is to build partnerships for action that will result in concrete, measurable improvements in the lives of women and girls who are vulnerable to transmission or living with HIV.

18. Research by the Coalition partners is used to inform and influence a variety of different groups and organizations; the UNAIDS *Report on the Global AIDS Epidemic 2006* presented specific information related to women. This included summarizing recent research on stigma- and gender-related barriers to the uptake of antiretroviral treatment, case studies on property rights, and updates on microbicides research.

19. The Coalition continues to underline the need for data that is disaggregated by sex and for an increased understanding of gender-related barriers to access, as an integral part of implementing universal access and national target-setting.

20. In 2006, the Coalition launched the Agenda for Action on Women and AIDS, which highlights three cross-cutting areas in which prompt action would lead to improvements in women's AIDS response, calling on national governments and the international community to secure women's rights, to invest more money in AIDS programmes for women, and to allocate more seats at decision-making forums to women.

21. The Global Coalition's funds have helped the International Center for Research on Women to provide support to eight grass-roots organizations in sub-Saharan Africa working on the intersection of property and inheritance rights and HIV. The Coalition's fund-raising helped to raise an additional US$ 700,000 for the HIV-related portion of the United Nations Trust Fund in Support of Actions to Eliminate Violence against Women, administered by the United Nations Development Fund for Women.

22. In late 2006, the Coalition reviewed progress made in strengthening attention to women's issues within national AIDS responses in the nine most affected countries of southern Africa. The aim is to see how governments have implemented the recommendations of the Secretary-General's Task Force on Women, Girls and AIDS, and to explore the progress and challenges in developing and implementing national action plans on women and AIDS.

3. Strengthening the United Nations response to AIDS

23. With the diverse and combined mandates, resources and capacity of all the co-sponsors — the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO), the World Food Programme (WFP), the United Nations Population Fund (UNFPA) and the World Bank — and the UNAIDS secretariat, the

United Nations system brings a strong collective effort to the global AIDS response. However, important challenges remain in the area of harmonization and coherence of programming and support. Successfully addressing such challenges will also improve the accountability of the United Nations system as a whole.

(a) Division of labour and consolidated technical support plan, joint United Nations programmes and teams

24. In September 2005,[5] the General Assembly endorsed the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. In line with those recommendations, in December 2005, the Secretary-General of the United Nations instructed resident coordinators in each country to establish a joint United Nations team on AIDS with one joint programme of support.

25. This instruction was reiterated at the 17th and 18th meetings of the Programme Coordinating Board, with calls for greater collaboration among co-sponsors and the secretariat in terms of technical assistance, through the agreed division of labour.

26. To support United Nations country teams in fulfilling the directive, the United Nations Development Group, the UNAIDS secretariat and co-sponsors established guiding principles covering the structure and operating modalities of the joint teams.

27. Progress has been encouraging: 63 United Nations Theme Groups on HIV/AIDS have established joint United Nations teams on AIDS. Furthermore, a significant number of joint teams have completed the development of joint programmes of support.

28. As part of the work on the division of labour among organizations, 17 broad areas of UNAIDS technical support were agreed on and a "Lead organization" and "Main partners" were identified for each. The division of labour is intended to streamline technical assistance at the country level and take full benefit of each organization's comparative advantage, leading to a more effective and efficient collective United Nations response.

(b) Programme Acceleration Funds

29. Programme Acceleration Funds (PAF) are a long-standing tool that allow United Nations Theme Groups on HIV/AIDS to assist the national response with strategic and catalytic interventions. Increasingly, proposal development for the PAF, follow-up and reporting will occur through joint United Nations teams on AIDS. The total PAF allocation for the biennium 2006-2007 is US$ 16 million, of which 60 per cent is to be used for activities in 78 priority countries.

30. In 2006, the management requirements and criteria for utilization of the PAF were modified: more responsibility was given to regional support teams for the review and approval process, including greater involvement of co-sponsors in that process.

31. Recommendations by the Programme Coordinating Board and the Global Task Team led to the broadening of PAF utilization criteria. Focus areas now include promoting the achievement of the "Three Ones" and assisting a country-led process

[5] See General Assembly resolution 59/314, annex, para. 57 (f).

to define and implement a road map towards universal access. Yet the PAF should also continue to be used to target thematic and programme areas that represent important gaps in a country's overall response, especially sensitive or neglected issues, such as the greater involvement of people living with HIV, the growing feminization of the epidemic and reaching out to vulnerable and most-at-risk populations.

4. AIDS, security and the humanitarian response

32. Since 2005, the Joint Programme, led by the Office of the United Nations High Commissioner for Refugees (UNHCR), has made significant progress towards addressing the security and humanitarian aspects of the epidemic, both institutionally and programmatically. Regional AIDS, Security and Humanitarian Response (SHR) Focal Points are now invited into regional support teams, making the SHR elements of the AIDS response an integral part of the UNAIDS Agenda. At the 19th meeting of the Programme Coordinating Board in December 2006, SHR issues were discussed extensively, resulting in clear recommendations for UNAIDS to significantly strengthen its security and humanitarian response actions in the years to come.

B. Strategic information and technical support

33. With an evidence-informed approach to information and policies, UNAIDS works to provide guidance and technical assistance to countries in the AIDS response.

1. Country-focused approach: national and global targets

34. Following the commitments made at the 2006 High-Level Meeting on AIDS, and in line with the move towards universal access, assistance has been provided to national target-setting processes. Setting targets at the national level, rather than just the global level, is critical as epidemics and their drivers differ from one country to another.

35. For example, injecting drug use is a major risk factor of the epidemic in Eastern Europe, while in Southern Africa the epidemic is mainly fuelled by unprotected heterosexual sex. Countries are also in different phases of their response. A country such as Brazil has already reached 80 per cent treatment coverage, while others are only at 5 per cent or less. Thus, progress towards the goal of universal access by 2010 will differ from one country to another. Ambitious nationally developed targets are aimed at encouraging higher levels of ownership and accountability by countries.

36. By the end of December 2006, 119 low- and middle-income countries had identified major obstacles to national scaling-up and defined key actions to overcome them. Ninety countries had set targets on universal access, while 25 countries had already incorporated new targets into their strategic plans and had defined the actions and costs needed to achieve them.

37. The country-level process of scaling up towards universal access was supported in a number of ways by the UNAIDS Programme:

(a) Technical and financial support for the national consultation processes;

(b) Technical and operational guidance to countries was provided in the UNAIDS document, "Setting national targets for moving towards universal access: operational guidance" (Geneva, 2006). This document underlines a country-driven and participatory approach to enable consensus-building among partners and promote accountability, and highlights the importance of civil society involvement;

(c) Consultation with civil society organizations on their meaningful participation in the process; a specific guidance note to better enable civil society organizations to support the target-setting and planning process was developed;

(d) Advocacy and monitoring of progress through target-setting, planning and costing.

2. Support for country-level harmonization and alignment ("Three Ones")

38. In a matter of a few years, the "Three Ones" have become widely accepted as the conceptual framework at the country level for partners to join forces effectively to reach the goal of universal access. Where there is one agreed strategic framework for action, this forms the basis for a country's national annual plan and should serve as the blueprint for the Joint United Nations Programme and donor-funded programmes to build on and support.

39. The "Three Ones" translate international commitments on improving aid effectiveness into the AIDS response. The principles focus on greater national ownership, harmonization and alignment and highlight the need for:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners;
- One national AIDS coordinating authority with a broad-based multisectoral mandate;
- One agreed country-level monitoring and evaluation system.

40. To strengthen the operationalization of the "Three Ones", UNAIDS, with its national and international partners, has worked to implement the recommendations of the Global Task Team to simplify management systems, lower transaction costs, and align technical and financial support with national priorities.

41. One tool specifically well suited to support country-level harmonization and alignment is the joint AIDS review. This review, ideally involving all partners in the response, appraises the implementation of a country's national strategic framework. During the process, gaps and duplication in planning and programming, thematic or geographic coverage, funding and evaluation can be assessed, and recommendations can be made for change in the strategic focus of the framework.

42. To further improve the effectiveness of such reviews, the country harmonization and alignment tool (CHAT) was developed by the World Bank and the UNAIDS secretariat in 2006. As part of the joint review process, CHAT gauges national and international partner involvement and adherence to agreed good practice in harmonization and alignment, improves transparency and accountability, and helps to catalyse a national dialogue to improve practice.

3. Technical support facilities

43. Increased flows of financial resources for AIDS have become available in recent years and many countries have been faced with new challenges. Not every country has sufficient human resources and the technical capacity to translate these funds into expanded programming, implementation and monitoring. To aid this situation, UNAIDS established six regional technical support facilities (TSF), covering 60 countries in Southern Africa, East Africa, West and Central Africa, and South-East Asia and the Pacific. The TSF maintain databases of regionally based consultants, whom countries can call upon to provide technical assistance in the areas of strategic planning, monitoring and evaluation, costing and budgeting, gender and mainstreaming of HIV. During 2006, TSF services were predominantly used by national AIDS authorities and government ministries, which generated 44 per cent of all requests. TSF Southern Africa, for example, has worked closely with a number of countries in the preparations for proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

44. The TSF were designed to make greater use of local expertise to build long-term, sustainable, national and regional capacity as a substitute for short-term technical support provided by international experts. The TSF system reflects the changing role of UNAIDS at the country level. Rather than provide technical support directly, UNAIDS can now focus its support to country partners by helping them to prioritize their technical assistance needs, set minimum standards and facilitate coordination between key providers of technical assistance.

4. Support to mainstreaming AIDS in development

45. UNDP, the World Bank and the UNAIDS secretariat support processes that seek to mainstream AIDS into development assistance at three levels: national development instruments, such as Poverty Reduction Strategy Papers (PRSPs); non-health sectors; and local government.

46. Following recommendations of the Global Task Team, UNDP, the World Bank and the UNAIDS secretariat set up a joint initiative in 2005 to strengthen country capacity to integrate AIDS into PRSPs. Preliminary joint reviews showed that many countries face common constraints, such as insufficient participation of national AIDS councils in PRSP processes, and inadequate analysis of the links between AIDS and poverty, gender inequities and other drivers of the epidemic.

47. With regard to mainstreaming AIDS in non-health sectors, the most progress has been made in high-prevalence countries. The sectors that are most involved are defence, education and youth.

48. At the local government level, continued support is provided through the UN Initiative on Community Action on AIDS at the Local Level (UN-AMICAALL), which provides technical assistance to mayors and municipal leaders in Africa. Through this effort, mayors and municipal leaders commit themselves to addressing AIDS in their communities and to collaborating with each other and with other relevant stakeholders.

5. Resources tracking

49. Funding for AIDS programmes has increased significantly in recent years but still falls short of estimated needs. Tracking of resource flows is vital to accurately establish the level of international resources, to ensure accountability for the resources spent, to support the cost-effective use of funds, and to facilitate flexible allocation as epidemics evolve.

50. Resource availability for AIDS in low- and middle-income countries was estimated at US$ 8.3 billion in 2005 and US$ 8.9 billion in 2006. It is projected that US$ 10 billion will be available in 2007, driven mostly by the increase of contributions by the United States of America through the President's Emergency Plan for AIDS Relief (PEPFAR), and increased pledges for the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, the projected need for 2008 is estimated at between US$ 20 and $22 billion.

51. When analysing these amounts, the importance of domestic expenditure needs to be fully recognized. In 2006, US$ 3 billion, or one third of resources spent, came from domestic sources.

52. An important tool in tracking domestic expenditure is the National AIDS Spending Assessment (NASA). Supported by UNAIDS, the coverage of NASAs increased in 2006 with 95 countries reporting on national funds spent, in line with the Declaration of Commitment's indicator on government expenditure. NASAs can also provide useful inputs for the development of strategic plans and for resource allocation processes.

6. Intensifying HIV prevention

53. The 2001 Declaration of Commitment states that prevention must be the mainstay of the response. The move towards universal access includes access to prevention programmes, as made explicit in the 2006 Political Declaration on HIV/AIDS. The strongest message coming out of the XVI International AIDS Conference in 2006 was the "return of prevention" and that was reiterated at the 19th meeting of the Programme Coordinating Board in December 2006.

54. In response, UNAIDS has launched "Uniting for HIV Prevention", a partnership with a wide range of actors in the response, including civil society, the private sector, treatment activists and governments. To support the initiative, a number of guiding documents were developed, including a policy position paper on "Intensifying HIV Prevention and Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access", which provides advice for different types of epidemics. The UNAIDS secretariat also led consultations with co-sponsors to develop an action plan that lays out an 18-point road map of key deliverables for United Nations system action to help countries to intensify HIV prevention at the country level.

55. In addition, best practices on prevention programmes for most-at-risk populations, including sex workers, drug users and men who have sex with men, have been produced and disseminated.

56. With WHO in the lead, guidelines for provider-initiated HIV testing and counselling in the health sector have been developed and will be published in 2007. UNODC is at the forefront of harm reduction programmes and provides technical

assistance on HIV prevention and care among injecting drug users. UNFPA is the lead agency behind the Global Condom Initiative, emphasizing in particular female condom programming.

57. The compelling research findings on the preventive effects of male circumcision have led WHO and UNAIDS to recommend male circumcision as an additional intervention to reduce the risk of HIV infection, especially in settings with high rates of heterosexual HIV infection and low rates of male circumcision.

7. Increasing access to HIV treatment

58. In 2006, almost 700,000 people received antiretroviral treatment for the first time. By December 2006 it was estimated that over 2 million people living with HIV were receiving treatment in low- and middle-income countries, representing 28 per cent of the estimated 7.1 million people in need. Although trends vary between countries, evidence from over 50 low- and middle-income countries suggests that, overall, the ratio of men to women receiving treatment is broadly in line with regional HIV prevalence sex ratios.

59. Of the estimated 2.3 million children (aged 0-14 years) living with HIV in 2006, almost 90 per cent of them live in sub-Saharan Africa, with 780,000 projected to be in need of antiretroviral therapy. It is estimated that 115,500 children had access to treatment by the end of 2006, representing a coverage rate of about 15 per cent — considerably lower than the adult coverage rates. In comparison with UNICEF estimates of about 75,000 children on treatment in 2005, this nonetheless represents an increase of 50 per cent in the number of children in this region receiving treatment in 2006.

60. New global guidelines were published in 2006 by WHO on antiretroviral therapy for adults, adolescents, infants and children, prevention of mother-to-child transmission and patient monitoring for HIV care.

61. The World Bank, with WHO and the secretariat, co-sponsored a high-level meeting on Sustaining Treatment Costs — Who will Pay?, which brought together policymakers, economists, private industry, donors and people living with HIV to define the issues around the financial sustainability of AIDS treatment.

62. At the end of 2006, the President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria were the main external funding sources for treatment, jointly providing treatment to 1,265,000 people.

63. An analysis of prices conducted by the Global Price Reporting Mechanism for Antiretroviral Drugs at WHO shows that, depending on the regimen, the prices of most first-line antiretroviral drugs decreased by between 37 per cent and 53 per cent in low- and middle-income countries from 2003 to 2005, and by between 10 per cent and 20 per cent from 2005 to 2006. This has contributed significantly to the wider availability of treatment, but prices remain high in most Eastern European and Latin American countries.

64. As one of the areas highlighted in the Political Declaration of 2006, UNDP is building country capacity to adopt trade flexibilities in the use of intellectual property rights for access to affordable HIV treatment. Policy guidance and technical support have been provided to 28 countries in Africa, Asia, Latin America and the Caribbean, to develop enabling trade policies for sustainable access to AIDS

consultation was held with governments and key civil society representatives to develop a strategy and workplan and the assessment process was started. The outcome of this work will be presented to the Programme Coordinating Board at its 20th meeting in June 2008.

C. Monitoring and evaluation

71. The UNAIDS secretariat's Evaluation Department provides leadership at the global level in monitoring and evaluation through the multi-agency Monitoring and Evaluation Reference Group (MERG) and its Technical Working Groups (TWGs), and at the country level through its Monitoring and Evaluation Adviser Programme.

72. Over the past decade, and especially following the 2001 Declaration of Commitment, the global monitoring and evaluation community has taken an active role in supporting the development of standardized indicators for national-level monitoring of the HIV epidemic and the policy and programmatic response to it. This has led to the production and publication of a range of indicator guidance documents in key programmatic areas, which, together with increased funding and intense in-country efforts, have much improved the status of HIV monitoring.

1. Lessons learned

73. The production of the guidelines has resulted in the creation of a large number of indicators. Many countries have expressed a need for the global monitoring and evaluation community to provide advice on the selection of core indicators to help focus their data collection efforts. In response, UNAIDS, under the auspices of MERG, is supporting an ongoing multiagency effort to harmonize and prioritize existing HIV indicators. This effort aims to reduce the data collection and reporting burden through focusing on a core set of indicators, which monitor progress towards achieving the 2001 Declaration of Commitment, and has also involved the harmonization of indicators used for reporting to international donor agencies.

2. Monitoring and evaluating country responses

74. The establishment and maintenance of a comprehensive monitoring and evaluation system in each country is essential to obtain all necessary information for evidence-informed policy development, sound programme management, and continued programme improvement. A comprehensive monitoring and evaluation system requires an appropriate balance between routine monitoring and other essential monitoring and evaluation activities such as programme evaluation. UNAIDS provides continued support for enhancing monitoring efforts. In addition, it also provides technical support for the development and advancement of an evaluation agenda. This process is primarily aimed at increasing evaluation capacity in-country, which should inform a country's understanding of what is, and what is not, working in the areas of prevention, treatment and support.

75. A software package has been developed by UNAIDS, the Country Response Information System (CRIS), to facilitate reporting on countries' progress. CRIS supports reporting to other donors and in-country reporting and includes modules for indicators, research, and project or resource tracking.

3. Building national monitoring and evaluation capacity

76. In August 2004, UNAIDS established its first residential country-level technical staff programme and placed monitoring and evaluation advisers in 15 countries. That represented a significant step forward in strengthening country capacity in monitoring and evaluation and has now grown to over 50 country-level advisers and regional focal points. The main purpose of the monitoring and evaluation advisers is to support the strengthening of the "Three Ones", especially the development of a national monitoring and evaluation system. The advisers are also involved with the monitoring of progress towards achieving the targets in the 2001 Declaration of Commitment. That involves technical and coordination support to the national government in conducting national-level efforts to track the epidemic; monitoring the response; better strategies for understanding effective programming; and identifying and filling resource gaps in monitoring and evaluation. UNAIDS monitoring and evaluation advisers also play a key role in supporting the national capacity to design, plan, implement and report on effective programmes and coordinate a unified and harmonized national monitoring and evaluation system.

4. Epidemiology

77. Given the diversity of the global epidemic, with variations observed between and within global regions, countries and communities, it is important that policymakers, professionals and other stakeholders "know their epidemic" in order to ensure that the most appropriate programmes are in place.

78. The availability of regular and reliable estimates of HIV incidence and prevalence and deaths owing to AIDS is crucial to countries' ability to develop evidence-informed policies, design relevant programmes and interventions, mobilize resources and contribute to global reporting.

79. The UNAIDS Reference Group on Estimates, Modelling and Projections and the UNAIDS/WHO Working Group on Global HIV/AIDS and Sexually Transmitted Infection Surveillance both provide leadership and guidance on the global epidemiology and surveillance of HIV. WHO is the lead co-sponsor on HIV surveillance, supporting countries with implementation of surveillance tools and techniques, including sentinel surveillance and population-based surveys.

80. To support countries' efforts to improve data collection, analysis and use, the UNAIDS secretariat and WHO conducted 12 regional workshops between March 2005 and April 2006. Those workshops included the training of national analysts from over 150 countries, who are responsible for HIV estimates, in the use of specific analytic software systems and methodologies to produce national HIV prevalence and incidence estimates.

D. Civil society engagement and partnerships

81. Civil society organizations engaged in AIDS work range from networks of sex workers, men who have sex with men, and injecting drug users to representatives of other affected groups, including prisoners, displaced populations and refugees. They also include development and humanitarian organizations and agencies, AIDS service organizations, religious and faith-based communities, business, labour and

private sector coalitions, non-governmental organizations and youth, women's and other membership organizations. Organizations and networks of people living with HIV are crucial to all AIDS efforts, and UNAIDS promotes the need for them to be at the centre of AIDS action.

82. Since the 2005 report of its Executive Director, UNAIDS has intensified its efforts to involve civil society in the scale-up towards universal access services by 2010 and the attainment of Millennium Development Goal 6. In recognition of the vital role of civil society in the response to the epidemic, UNAIDS agreed on a civil society engagement strategy following broad consultation with co-sponsors, staff and civil society in August 2005, finalized in October of that year.

83. During 2006, UNAIDS invested significant effort in the support of meaningful civil society engagement in the consultative processes leading up to the High-Level Meeting on AIDS. More than 120 countries organized broad consultations to identify key actions to address major obstacles to scaling-up services, and most included some level of civil society engagement based on the "Three Ones" principles, a key role of civil society being to act impartially and broker space for the consideration of often excluded perspectives to be discussed during these multistakeholder consultations.

1. 2006 High-Level Meeting

84. Civil society participation was a key component of the 2006 High-Level Meeting. A 12-member Civil Society Task Force, facilitated and managed by UNAIDS, planned for the meeting, provided support during the sessions from 31 May to 2 June, held briefings for all civil society speakers and worked in partnership with others to orient civil society participants.

85. Nearly 700 civil society representatives attended the meeting in New York. Many of the groups and non-governmental organizations were able to register through their status as organizations accredited by the Economic and Social Council. The youth and the women's movements, along with AIDS and faith-based organizations, had particularly active participants. There was also reasonable representation and involvement from labour and private sectors. Most national delegations also included representatives of civil society and people living with HIV, increasing the number of civil society attendees to around 1,000.

86. Civil society participants appreciated the unprecedented opportunities for networking and engagement during the High-Level Meeting. However, some key civil society participants had anticipated stronger language in the final Political Declaration, particularly regarding treatment and vulnerable groups. Despite these concerns, there was still a sense among many civil society groups that the final Political Declaration did move the agenda forward on key issues, including reaffirming promises of the 2001 Declaration of Commitment on trade, women, resource needs, sexual and reproductive health and harm reduction. The contribution of civil society groups in this respect cannot be underestimated.

2. Other civil society initiatives

87. The work of UNAIDS with HIV-positive staff continued through 2006, as did the work to improve its internal structures in relation to civil society. For example, UNAIDS is seeking to strengthen the role of civil society in its own governance

structures through a review of the participation of NGOs/civil society in the Programme Coordinating Board. This review, started in 2006, has the potential to build on the foundation of 10 years of civil society participation in the Board, learn from other models of civil society participation in governance processes and strengthen future civil society participation on the Board.

88. While continuing support to a number of global, regional and national HIV-positive networks, UNAIDS identified a funding gap in this area: many donors seemed reluctant to support civil society groups of people living with HIV. UNAIDS convened a meeting between key networks and donors that has since resulted in bilateral funding for three key networks over a three-year period.

89. Ongoing support for building the capacity of civil society organizations remains a priority for UNAIDS. For example, a meeting of civil society focal points from the Secretariat, country and regional offices in September 2006 offered an opportunity to build the capacity of staff at all levels. In addition, UNAIDS produced the "Guidelines for Civil Society Engagement in the 'Three Ones'", which includes an emphasis on organizational development, skills building for civil society organizations and identification of resources.

E. Resource mobilization

90. Promoting and coordinating resource mobilization has always been a responsibility of the Joint Programme. As available funding has increased, tracking resources and promoting their optimal use and effectiveness — "making the money work"— has become equally important.

91. The three largest contributors to the response in terms of money are the President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank through the Multi-country AIDS Programme.

92. At the country level, UNAIDS has supported proposal development for the Global Fund, and to date has responded to every request for assistance received. Support is channelled through the United Nations Theme Group on AIDS or the Joint United Nations Team. UNAIDS country coordinators, WHO representatives and other co-sponsor representatives work together to support the national partners to develop their proposals.

93. UNDP has an important collaboration with the Global Fund in developing capacities of national stakeholders to implement Global Fund grants. In circumstances where there are no suitable national principal recipients, countries have requested UNDP to assume that role and provide financial and programmatic oversight for Global Fund grants. UNDP is currently Principal Recipient in 24 countries, managing 58 grants.

94. The UNAIDS secretariat monitors the amounts of funds coming from donors to determine the level of international financial flows. It also assists countries to track resource flows within a country to determine how the funding is spent and who are the beneficiaries. Measuring how much was mobilized and comparing these figures with the estimated resource needs helps to define the funding gap globally but also for specific activities. By providing and supporting adequate monitoring

and tracking of resources, more accurate estimates can be calculated, which in turn can be used for global advocacy and fund-raising purposes.

III. Recommendations and proposed actions for the Economic and Social Council

95. **The Economic and Social Council may wish to consider the following actions:**

(a) **Commend the steps taken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in moving towards universal access to prevention, treatment, care and support, and the 2007-2010 Strategic Framework, endorsed by the Programme Coordinating Board at its 19th meeting, as the principal guide to global, regional and country-level planning, budgeting, implementation and monitoring of progress of the Joint Programme's support to countries efforts to move towards the goal of universal access from 2007 to 2010;**

(b) **Encourage the commitment to strengthen the United Nations response to AIDS at the country level, the UNAIDS Technical Support Division of Labour, and the concept of a joint United Nations team and programme on AIDS with the aim of harmonizing technical support, strengthening programmatic coherence and improving collective accountability of the United Nations system at the country level;**

(c) **Acknowledge the insidious and persistent drivers of the epidemic, in particular stigma, discrimination, gender inequality and lack of respect for human rights, and encourage intensified advocacy by the Joint Programme to ensure that these underlying obstacles to universal access are addressed at all levels;**

(d) **Acknowledge the importance of prevention in the response to AIDS and commend the Joint Programme for its role in the "Uniting for HIV Prevention" campaign and support the drive for more relevant and specific targets for prevention at the national level in the move towards universal access, as iterated by the Executive Director of UNAIDS at the 19th meeting of the Programme Coordinating Board;**

(e) **Encourage the efforts towards harmonization, alignment and "making the money work" between and among development partners, as led by the Global Task Team, and support the continued building on the "Three Ones" principles as the framework for the response to AIDS at the country level.**